This training material is confidential and for agent use only. This training material, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member group, or the general public. Not CMS Approved.

This training material is intended to provide a general overview of agent conduct and compliance requirements. It does NOT attempt to cover all of the laws, regulations, rules, company policies, or other requirements applicable to you.

This document is intended to navigate external partners through downloading, installing and running Humana’s Medicare Advantage Paperless Application system (MAPA).

**Before you get started you’ll need:**

- Security rights to use the MAPA tool ([requesting access](#))
- A Windows based laptop ([requirements](#))
- High-speed internet access (3Mb or better)
- [Compatible signature pad](#) or touch screen laptop that will be used to capture client signatures
- Approximately 1-hour to complete the installation (varies based on connection and system)

Please call Humana’s Agent Support at 800.309.3163 if you require any assistance while working through these instructions.
# Table of Contents

**Before you get started you’ll need:** ........................................................................................................... 2

**Table of Contents** ........................................................................................................................................ 3

**What is MAPA?** .......................................................................................................................................... 5

**Why MAPA?** .............................................................................................................................................. 5

**System Requirements** ............................................................................................................................... 6

**Signature Options** .................................................................................................................................... 6

**Installing MAPA FAQ** ................................................................................................................................. 7

**Contacts:** .................................................................................................................................................. 7

**MAPA Tools** ............................................................................................................................................... 7

**Internet Connection** .................................................................................................................................... 8

  - Driver 1: INSTALL_1_Ui10.5R11507setup.exe – ePad Link Driver .............................................................. 9
  - Driver 2: INSTALL_2_IntegriSignDesktop10.3_R1382.exe – IntegriSign Driver ............................................. 12
  - Save the MAPA SQL Install file on the Desktop ......................................................................................... 16
  - Extract All Files ......................................................................................................................................... 18
  - Run Install File as Administrator ............................................................................................................. 19
  - Log In Based on Agent Type .................................................................................................................... 22

**Connect to Humana – Possible Error Messages** ......................................................................................... 29

  - License information missing in Solar ........................................................................................................ 29
  - Licensed for more than one territory but User Access is not updated...................................................... 29

**Information** ............................................................................................................................................... 30

**Synchronize** ............................................................................................................................................... 32

**Download** ................................................................................................................................................ 32

  - State Selection ........................................................................................................................................... 33

**Installation Errors** ..................................................................................................................................... 34

**Creating an Application** ............................................................................................................................ 35

**Types of Applications:** ............................................................................................................................... 35
To Create a Blank Application ................................................................. 36
To Enroll a member from an appointment or contact ................................ 36

**QUICK GUIDE**: Filling in the SOA ...................................................... 37

Individual Application – Eligibility Determination .................................. 38

**QUICK GUIDE**: Filling in Eligibility Determination .............................. 38

**QUICK GUIDE**: Filling in the Demographic Tab .................................. 39

**QUICK GUIDE**: Filling in the Medicare Card Tab .................................. 40

**QUICK GUIDE**: Filling in the Clinical Qualifying Tab ............................ 41

**QUICK GUIDE**: Filling in the Plan Specific Tab ..................................... 42

**QUICK GUIDE**: Filling in the Payment Tab .......................................... 43

**QUICK GUIDE**: Filling in the Agent Only Tab ....................................... 44

Online Service Agreement ......................................................................... 45

**QUICK GUIDE**: Review and Sign .......................................................... 46

**ePad Signature Process** ......................................................................... 47

Common Errors that Pend an Application ............................................... 49

**QUICK GUIDE**: Personal Health Information (PHI) Form .................... 50

**QUICK GUIDE**: Humana Pharmacy and Member Authorization ............... 51

Uploading .................................................................................................... 52

Copying vs Cloning an Application .......................................................... 53

To Copy or Clone an application: ............................................................... 54

Delete an Application ................................................................................. 55

Cancel an Application ................................................................................ 56

Member Receipt .......................................................................................... 57

Troubleshooting ......................................................................................... 58

Time Out ...................................................................................................... 58

Connection to Humana ............................................................................... 58

Inactive ........................................................................................................ 58

Agent Info > Please Read ........................................................................... 60

Troubleshoot MAPA .................................................................................. 60

Troubleshoot from MAPA Workbench ..................................................... 60

Troubleshoot from Start Menu ................................................................. 62
Introduction to MAPA

What is MAPA?

MAPA or The Humana Medicare Advantage Paperless Application system is a computer program designed to make MA, MAPD, MedSupp, PDP, OSB and FSB enrollments possible in a portable digital platform.

It will also allow you to take Member authorizations and Scopes of Appointment digitally in the field.

Why MAPA?

Medicare is not simple; it’s a massive National and multi territory health system for providing services to a growing elderly population. With governance coming from CMS, NAIC, local states and Medicaid, staying on top of it all is challenging. In short it’s complicated and confusing. We want to simplify the enrollment process to allow you to focus on what’s most important in your job: our members and their needs.

Now what if you could take the guess work out of all that complexity, make it straightforward and make it simple? And on top of that make it faster to process your applications, get plans approved and issue them?

That’s exactly what MAPA provides you. While Medicare is complex, MAPA strived to make it simpler and more fluid to enroll a member. To do this we made the application linear based. It breaks enrolling the member down in three main stages: determining the prospective member’s eligibility, filling out the digital application, and finally reviewing that application and signing it.

To make it easier each section is set up in steps, simply fill in the requested information step by step until you have completed the application.
System Requirements

Before you can install MAPA certain criteria must be met.

System Requirements

Delegated agents must request MAPA from Agent Support and will need the following:

To install MAPA you need to meet the following requirements:

- Minimum 10 GB free space is required.
- Operating System: Win 7, Win 8* (both 32 bit and 64 bit environment)
  *This excludes Windows 8 RT and Windows 8.1 RT
- User’s computer cannot have an ARM processor.
- MAPA needs any one of the below signature pads or a built in Touchscreen.
  - Topaz model: T-LBK460-HSB-R
  - Touchscreen

- MAPA can only be installed on a Windows based PC. (MAC/Apple computers are NOT compatible).
- There must be a minimum of 10 GB of free hard drive space available. (MAPA will not take up all 10 GB.)
- MAPA only works with Windows 7 and Windows 8 (32 bit or 64 bit) operating systems. (Mobile operating systems like Windows RT and Windows 8 Mobile will NOT work).

Signature Options

MAPA supports touchscreens as well as TOPAZ (Model: T-LBK460-HSB-R) signature pads. If you do not have a touch screen computer you will have to have a signature pad or the client will not be able to sign the application in MAPA.
Installing MAPA FAQ

Q: Can I use MAPA on my Macintosh PC?
A: MAPA is not able to run on a Macintosh Operating systems.

Q: Do I need a signature pad, if my PC has a touchscreen?
A: You can use the touchscreen on you PC for MAPA applications.

Q: Can I use MAPA without being Certified with Humana?
A: You can use MAPA 12+ without having a Medicare Advantage or PDP Certification. You will only have access to Medicare supplements, and all proper contracts and requirements still need to be met.

Q: I have an ePad (Model: 54-65885 Rev N), can I use that instead of a Topaz signature pad?
A: The ePad is no longer certified to work with version 14.1 or above. The Topaz is the only certified signature pad. The ePad may work with your machine, but we no longer support it.

Contacts:
NOTE: if you have any difficulty with the MAPA program during a sale, complete a paper application at that time and contact Agent Support after your sales call. Do not contact Agent Support during your sales call.

Agent Support 800-309-3163 (BEFORE the sale or with installation questions)
Or your local office

MAPA Tools

Before you can install MAPA on your PC you need the MAPA Tools link listed on your Medicare Agent You may check your security access for MAPA by logging in to the agent portal at Humana.com. Click on the Medicare Agent workbench-to Products and Enrollment and MAPA tools. If the link is under MAPA tools, your security has been granted. You are ready to start the download.

If you do not have the link the MAPA download cannot be accessed.

If you are going through the installation process and find that you do not have MAPA Tools, contact the Agent Support Unit at 800.309.3163 option 5 then option 2 and request that MAPA Tools be added for you. The request will take 3 to 5 business days to process.
Internet Connection

MAPA needs a good internet connection to install properly. It is best to be hardwired into the internet. A strong Wi-Fi connection can work as well. Internet explorer is the best browser to use when installing MAPA.

MAPA Installation

Go to Humana.com and log into the Agent Portal.

Once logged in, click on the Medicare Agent Workbench near the bottom center of the page.

On the Medicare Agent Workbench go to “Products & Enrollment” and click on the “MAPA Tools” link

One in MAPA Tools, click on “MAPA Downloads” on the top left of the page.
**Driver 1: INSTALL_1_UI10.5R11507setup.exe – ePad Link Driver**

You will begin the installation process by installing the required drivers. Click on the first driver “INSTALL_1_UI10.5R11507setup.exe.”

On the bottom of the screen a run, save, or cancel option will appear. Click “Run”.

When the ePad driver window opens click “Next”.

---

**HUMANA MAPA v12.1 Downloads**

MAPA 12.1 is now ready for you to download.

Please follow the instructions below to ensure the software downloads correctly.

MAPA Signature Pad Drivers are ready for you to download.

In order for MAPA 12.1 to work correctly, you need to have these drivers installed.

1. Make sure that ALL Microsoft programs are closed.
2. Click INSTALL_1_UI10.5R11507setup.exe.
3. Follow the prompts given; DO NOT change anything in any field that requires a name or response
4. Click on INSTALL_2_JointSignDesktop10.3_R1382.exe
5. Follow the prompts given; do not change anything in any field that requires a name or response
6. When the MAPA signature Drivers have finished installing, you can confirm that they installed correctly by going to:

<table>
<thead>
<tr>
<th>Product</th>
<th>Last Updated</th>
<th>Size(MB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTALL_1_UI10.5R11507setup.exe</td>
<td>19/12/2014 8:00:39 PM</td>
<td>15.98</td>
</tr>
<tr>
<td>INSTALL_2_JointSignDesktop10.3_R1382.exe</td>
<td>19/12/2014 8:00:42 PM</td>
<td>17.90</td>
</tr>
</tbody>
</table>
Accept the End-User License Agreement and click “Next”.

Insert your name in the user name field, and your company name or your name (if freelance) in the company name field. Make sure “any...” is selected for “Install this application for:” and click “Next”.

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Revised: 02-Oct-15
Select “Typical” and click “Next”.

Click “Install” to finish installing the ePad driver. (Click “Finish” if prompted.)

This will complete the installation of the first driver needed for MAPA. Return to MAPA Download screen and install second driver.
Click “INSTALL_2_IntegriSignDesktop10.3_R1382.exe”

On the bottom of the screen a run, save, or cancel option will appear. Click “Run”

When the install window comes up click next
Accept the End-User License Agreement by clicking yes.

Place your name in the “User Name” field, and your company name or your name (if freelance) in the “Company Name” field. Then click “Next”.
Leave the default options checked for desktop and SDKs and click “Next”.

Click “Next” on the “Choose Destination Location” window.
Click “Next” on the “Select Program Folder” window

Click “Finish” to complete the IntegriSign driver installation.

Both MAPA drivers are installed on the PC. Return to MAPA Downloads page and complete the MAPA installation.
Save the MAPA SQL Install file on the Desktop

On the bottom of the MAPA Downloads page locate “MAPASQL12.1.31Install.zip” and right click on the hyperlink.

Select “Save target as…”
Download file to your “Desktop” and click “Save”.

Close all programs and locate “MAPASQL12.1.31Install.zip” on your desktop.
Extract All Files

Right click on the “MAPASQL12.1.31Install.zip” and click “Extract All.”

Click “Extract” on the pop up window.
The MAPASQL folder will unzip and a pop up window with the extracted files will appear.

**Run Install File as Administrator**

Right click on “MAPASQLInstall.exe” and click “Run as Administrator”
Accept the End-User License Agreement for MAPA.

Click “Install” on the “Application Install” window.
On the bottom left of the next screen click “Start Installation Process”.

Read and accept the “End-User License Agreement”
Log In Based on Agent Type

Login page will appear. Enter the required log in based on your agent type. (Delegated)

Once logged in, at the top of the page click the plum colored bar that states “Click here to start Installation process.”
The Install process can take anywhere from 30 minutes to 1 hour depending on your internet speed. The installation will check to see if the PC has all the required programs, frameworks, and databases on the back end to install MAPA. If the computer does not have everything needed, the installation will try and download what is needed to the computer. User may have to restart computer to accomplish this.

If the install is taking longer than expected, this could be an indication that the computer needs to restart. If this happens the DOS window that runs at the bottom of the computer screen will need to be accessed by clicking on the icon. Inside the DOS window it will prompt you to restart by typing “Y.” The screen shot below is an example of this. Once the computer restarts you can continue the installation.
Once Install is complete user will receive the screen below. User will click “Close” on the bottom right of the page to close the install program.

Once the program closes the MAPA icon will be on your desktop.
Getting Started with MAPA

When you open MAPA for the first time on your computer you will be asked to do two things:

1. **Accept** the End-user License Agreement.  
   **Note:** that this includes that you understand that information contained in MAPA is protected under HIPAA. It is your responsibility to ensure the confidentiality and security of this information.

2. Create a MAPA User Name and Password for the computer.  
   **Note:** that this User Name and password is used only on this computer to open the program on the computer.

NOTE: this new account that you are creating is to access MAPA on your computer. You will need BOTH this computer access account AND your Agent Portal account for delegated agents to use MAPA.

MAPA requires the program password to be changed:
- Every 90 days
- After Upgrading
- After Troubleshooting

The password must follow the following rules:
1. The first character must be a letter of the English alphabet
2. The password must be at least 6 characters and no more than 12 in length
3. The password must contain at least one numeric character (0-9)
4. The password must contain at least one of the following special characters @ # $
5. The password CANNOT contain your User Name (login) value
6. The password CANNOT contain any spaces (before, after, or within)
Once you successfully create the log in you will get a message that states the MAPA user id and password has been saved successfully. Click on the MAPA icon again and log in with the user name and password you created. You will be required to log in every time you use the MAPA program.

This MAPA Login provides you access to the MAPA program and secure information saved on your laptop. 

This is the first log in.
The first time you log into the program on your computer you will need to Connect To Humana and Synchronize your program.

Humana has servers in “the cloud”. In other words, you can connect to Humana using the internet. But these servers are protected by a firewall to prevent anyone from getting in or from information being taken out. Before you can communicate with Humana you will need to create a secure connection that allows information to be sent through the firewall. This is done by clicking on Connect To Humana and entering the following:

- Delegated agents: your Agent Portal user ID and password
This is the second log in.

You will need to **Connect To Humana** every time you need to upload, download or synchronize. This is what allows information to pass back and forth between your laptop and Humana.
Connect to Humana – Possible Error Messages

In order to get plan data and the zip code tables you **MUST** have an active licenses listed in Solar. Without it you may get one of the error messages below.

**License information missing in Solar**
You will receive the message below instructing you to call Agent contracting

Medicare Advantage Paperless Application

*We are not able to locate an active license for you at this time. Please contact your MSA or email your license information to Agent Contracting at MP_CaptiveContracting@humana.com or fax to 502-508-2633.*

**Licensed for more than one territory but User Access is not updated**

Medicare Advantage Paperless Application

*We currently do not have territories assigned for KY state(s). Please contact CSS at 800-457-4708.*

There may be times when you try to **connect to Humana** and you receive and error message.

**If SOLAR is down or AXTA is down**
"Unable to Connect to Humana at this time, Please try again later."

**IF there is any timed out or SL is down**
"SL or Login does not respond, Please try again later"

**IF the password is incorrect**
"Incorrect Password"

**IF there is a license issue, but may be SOLAR is up and running**
License message - "you are not licensed, appointed, certified, please contact ASU, MSA, etc, etc."
To check system status when an error message is received, click on **Information** from the MAPA workbench.
**Fit to Content**

A new feature added to MAPA 14.1 is the Fit to Content button. This button gives MAPA users the ability to change the font size in MAPA to a desired level while keeping their DPI settings at 100%.

That warning link will display a message letting MAPA users know that changing their computer’s DPI setting will result in a loss of functionality. To avoid having to adjust the DPI setting, users can

1. Enable Fit to Content (below, red arrow) and then
2. Click on the green Fit to Content button (below, blue arrow) to adjust font size.

Once the user clicks on the Fit to Content button the following box will pop up:

1-2. Users need to click on the “Increase” or “Decrease” to select font size.

3-4. Once the desired font size has been selected, click on “Save” and “Close”.

Users can then log in to MAPA and see their font size has been changed.

The Fit to Content selection is available from the MAPA Workbench. If a user wants to make changes they can do it there and save. The next time they open MAPA they will see the changes.
Synchronize and Download

Synchronize

When to Synchronize:

- First time users need to update plan data and zip code tables before creating their first application.
- Any time operations sends an email advising of plan changes.
- Once a week
  - During AEP it is recommended that you Synchronize at least 2-3 times a week.
- When something doesn’t work within an application, such as a drop down menu doesn’t show any information.

To activate Synchronize you need to first Connect to Humana.

When the top button says Disconnect, then it is ready to synch. This indicates that you are currently connected to Humana.

![Synchronize Button](image)

Download

To activate Download you need to first Connect to Humana.

When the top button says Disconnect, then it is ready to synch. This indicates that you are currently connected to Humana.
You must download when working or have appointments for campaign management disposition to work correctly.

This download will take all the information that is loaded in CORE calendar as an Appointment for the current day and add it to your MAPA workbench page.

It will also update the calendar on the MAPA workbench page to show all appointments for the current month.

**State Selection**

If an agent is licensed in 6 or more states they must select the states they need for that day’s appointments and sales during the download.

- Although up to 6 states can be downloaded at a time, it is recommended that no more than 2 be downloaded at a time due to the time required to download and to prevent corrupt downloads.
- To save the state selections so they do not need to be selected at each download - check the **Disable State Selection** box
- State selection must be completed with every download if the state selection is not disabled or the agent is licensed in less than 6 states
- The state must be downloaded to receive plan data

To add states:

1. Select the state
2. Click Add
3. When finish adding up to 6 states click OK
Installation Errors

If you encounter any of these errors contact the Agent Support Unit Tech Team at 800.309.3163 option 5 option 2.

From time to time MAPA and SQL will encounter errors during installation.

If you see any of the following errors contact the Agent Support Tech Team at 800.309.3163 option 5 option 2.

1. Error in SQL installation.
2. XML file not found.
3. System does not have administration rights.
4. Any other error or any complications you have with the install of the MAPA program on your PC.
Creating an Application

To create a blank application or enroll a member, identify the three parts of the Application Type:

1. Language (English or Spanish)
2. Plan Type (Humana or CarePlus)
3. Application Type

Types of Applications:

**AEF – Abbreviated Enrollment Form** - use this application only when your member is making a plan to plan change (the contract numbers will be the same)

**Group** – use this application only for members that are associated with the groups you are eligible to write.

**Individual** - use this application for your basic MA enrollments

**OSB – Optional Supplemental Benefits** – use this application when you are enrolling a member in an OSB after you have uploaded the original application

**Member Authorization** – By completing the MAF, Humana’s health plan members (including MA/PDP members) are giving Humana the right to use a member’s personal demographic information in the marketing of non-health related products and services, based on their specified selections on the form, for a period of 2 years

**SOA – Scope of Appointment** – use application when you have an extra person at your appointment, your member wants a different presentation or you are creating a future appt.

**FSB – Free Standing Benefits** – use this application to enroll someone in the dental or vision plan that is not tied to the Medicare plans.

**Humana Pharmacy MAF** – gives permission for the new member’s contact information to be sent to Humana Pharmacy so Humana Pharmacy can contact them. Humana Pharmacy will send them information and instructions on registering.

**Medicare Supplement** – use this app for all med supp products – not all states are allowed to submit electronically at this time
To Create a Blank Application

1. Select the Application Type (Language, Plan Type and Application Type)

A. Click on Create Blank Application

To Enroll a member from an appointment or contact

1. Select the Application Type (Language, Plan Type and Application Type)

B. Click on Enroll to the right of the member’s name/appointment
# QUICK GUIDE: Filling in the SOA

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Enter the Zip Code and County</td>
</tr>
<tr>
<td>2.</td>
<td>Select and explain the plans to be discussed.</td>
</tr>
<tr>
<td>3.</td>
<td>Enter Last Name, First Name, Address, City, State, Zip, County, Phone</td>
</tr>
<tr>
<td>4.</td>
<td>Identify Initial Method of Contact</td>
</tr>
<tr>
<td>5.</td>
<td>Ensure you are listed as the Plan Representative with your Agent Number and Phone.</td>
</tr>
<tr>
<td>6.</td>
<td>Identify Source</td>
</tr>
<tr>
<td>7.</td>
<td>Identify Veteran Status</td>
</tr>
<tr>
<td>8.</td>
<td>Check Current Date/Time if you are creating an SOA at the same time you are going to present. When creating a SOA for a future appointment enter the date and time of the appointment. If the SOA is for a follow-up appointment, MAPA will not allow you to schedule prior to 48 hrs out from the current date/time.</td>
</tr>
<tr>
<td>9.</td>
<td>Click Save when all of the information is completed.</td>
</tr>
<tr>
<td>10.</td>
<td>Once saved, click Review and Sign.</td>
</tr>
</tbody>
</table>
Individual Application – Eligibility Determination

**QUICK GUIDE: Filling in Eligibility Determination**

1. Select the plan type the member wants to enroll in. The plan you select will determine plans that you receive on the application.

2. Identify if you are using an SEP.
   a. If you answer yes you will need to enter the Zip Code and County and identify the SEP Reason Code. Some SEP reason codes also require a Date of SEP event.

3. Complete the Part A and Part B dates. These dates are taken directly from the Medicare card. The dates and DOB will help determine the election period options you receive.

4. A plan year will only need to be identified during AEP.

5. Click Determine Eligibility. The system will determine and activate the election codes that are available options.

6. Select the correct election period.

7. Click Continue
# QUICK GUIDE: Filling in the Demographic Tab

1. Enter the Zip Code – this will activate the County field.

2. Use the drop down menu to select the County – this will activate the Available Plans.

3. Use the drop down menu to select the plan sold. The available plans loaded will be determined by the MA, MAPD or PDP option on the eligibility page as well as from the zip code and county. If plans do not show, check what was selected on the eligibility page and/or try synchronizing again.

4. If a member wants to select an Optional Supplemental Benefit at the time of the Medicare enrollment, put a check next to the correct option(s).

5. Enter their name as it appears on the Medicare card (including a middle initial if available).

6. Enter the residential address and phone number. The residential address must be a physical address. **NO PO Box can be used for the residential address!**

7. Identify the mailing address. If the mailing address is the same as the residential address, simply check the box.

8. **(OPTIONAL)** Enter an email address.

9. **(OPTIONAL)** Enter an emergency contact. The Emergency Contact will write to the connection tab in CORE.

10. Click Next
### QUICK GUIDE: Filling in the Medicare Card Tab

1. **Share the disclaimer that the information must be exactly as it appears on the Medicare card.**

![Disclaimer](image)

   Please complete the information to the right exactly as it appears on your Medicare card.

2. **Enter and Re-Enter their Medicare Claim Number**

   **DO NOT COPY AND PASTE.**

   ![Medicare Claim Numbers](image)

   **Medicare Claim Number**: 100200300A

   **Re-Enter Medicare Claim Number**: 100200300A

3. **Identify the sex as it appears on their Medicare Card.**

   ![Sex](image)

   **Sex**: Male

4. **Identify the Language of Preference**

   ![Language Preference](image)

   **Language Preference for Customer Service**: English

5. **Share Customer Care information.**

   ![Customer Care](image)

   If you have questions, call our Customer Care team at 1-800-833-2367 (TTY: 711). We’re available 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we’ll call you back by the end of the next business day.

6. **Complete the Medicaid information**

   **Identify Yes or No**

   - If Yes, enter the necessary information
   - If No, skip to the Nursing Home information

7. **Complete the Nursing Home information**

   **Identify Yes or No**

   - If Yes, enter the Nursing Home information
   - If No, skip to the bottom and click Next

8. **Click Next**

   ![Next](image)
QUICK GUIDE: Filling in the Clinical Qualifying Tab

NOTE: this tab will only open if you selected a Special Needs Plan (SNP) on the Demographic Tab. Not all markets offer SNPs

1. Answer 3 questions regarding diabetes
   - Identify Yes or No
   - Clinical Qualifying Questions
     1. Have you ever been told that you have high blood sugar or diabetes? [Yes] [No]
     2. Have you ever or do you currently measure/monitor your blood sugar? [Yes] [No]
     3. Have you been prescribed or are you taking insulin or an oral medication that is supposed to lower the blood sugar in your blood? [Yes] [No]

2. Identify any medicines taking for diabetes

3. Answer 3 questions regarding cardio/vascular disease (CVD)
   - Identify Yes or No
   - Clinical Qualifying Questions
     1. Do you have a problem with your heart, had a heart attack, or have you been told that you had a heart attack? [Yes] [No]
     2. Do you have a problem with your circulation or have you been told that you have problems with your circulation? [Yes] [No]
     3. Do you have pain in your legs when you walk that gets better when you stop and rest? [Yes] [No]

4. Identify any medicines taking for CVD

5. Answer 3 questions regarding congestive heart failure
   - Identify Yes or No
   - Clinical Qualifying Questions
     1. Have you ever been told you have heart failure or congestive heart failure? [Yes] [No]
     2. Have you ever been told you have fluid in your lungs? [Yes] [No]
     3. Have you ever been told you have swelling in your legs due to your heart? [Yes] [No]

6. Identify any medicines taking for CHF

7. Enter Physician Details: Name, Address, and Phone
   - Physician Details
   - Please list your Physician.
   - Name: 
   - Address: 
   - City: State: Zip: 
   - Phone: 

8. Enter any specialist they see regularly: Name and Phone

9. Click Next
## QUICK GUIDE: Filling in the Plan Specific Tab

1. Complete section on whether they will have medical health coverage where they are the Subscriber or covered as Spouse/Dependent
   - Identify Yes or No
   - If Yes, enter the necessary information
   - If No, skip to will your or your spouse work?

2. Answer question: Once enrolled will you or your spouse work?
   - Identify Yes or No

3. Answer the question: Do you have End-Stage Renal Disease?
   - Identify Yes or No

4. Clarify End Stage Renal Disease

5. It is important that you explain what other prescription drug plan coverage means. This is necessary for coordinating drug coverage.

6. Answer question: Once enrolled will you have other prescription drug coverage?
   - Identify Yes or No
   - If Yes, enter the necessary information
   - If No, skip to the Primary Care Physician information

7. Enter the name of the chosen Primary Care Physician (PCP), clinic or health center.
   - Enter First Name, Last Name and the Identification #
   - Note: Humana requires that a PCP be identified for all HMO and PPO plans.

8. Answer the question: Are you an established patient of the Physician you selected?
   - Identify Yes or No

9. Click Next
## QUICK GUIDE: Filling in the Payment Tab

1. **Explain Payment disclaimer:**
   - SSA and/or RRB deduction will not be an option if the total premium is greater than $200.
   - The OSB and Medicare Advantage Plan premiums will be added together for one premium.
   - If a different payment option is selected than what was used in the past, the new option will replace the old.
   - If no option is selected, the previous payment option will be used.
   - Payment options can be changed at any time at the eBilling site at Humana.com.
   - Coupon Book payments can be made online.
   - If assessed a Part D Income Related Monthly Adjustment Amount (Part D-IRMAA) you will be notified by the Social Security Administration.
   - Any Part D-IRMAA extra amount will be paid directly to Medicare or RRB, it will NOT be paid to Humana.

2. **Identify and complete the information for the payment option**

3. **Explain the specific payment disclaimer for the option selected.**
   - For SSA and/or RRB it should be noted that the first two payments may be deducted the first time, but only 1 month will be deducted thereafter. No more than 3 months’ worth of payments will ever be deducted.
   - If the beneficiary disenrolls, there may be a lag at discontinuing the automatic deductions, but they will be reimbursed.
   - For credit card or electronic funds transfer the beneficiary gives Humana authorization to change the amount given reasonable written notice in advance.

4. **Click Next**
# QUICK GUIDE: Filling in the Agent Only Tab

1. **Select Affinity Partner**  
   If no Affinity Partner is used, select **NONE**  
   Some affinity partners like WalMart, Walgreens or Humana Guidance Centers require an Affinity Partner Location ID. Click **Search StoreID** if you need to find this number for your location.

2. **Identify Referring Agent information if any.**

3. **Identify the Source: Agent, Business, Campaign or Contact.**

4. **Identify Veteran’s Status (None/blank, Self, Spouse, Spouse)**

5. **Complete dispositions 1, 2 and 3**  
   **NOTE:** Disposition 2 and 3 build off of Disposition 1  
   - Not all of the second dispositions have a third option to go with it. If there is not one available, it will say no disposition available.  
   You must select disposition 1 and 2 in order to continue

6. **Identify products discussed.**  
   The products discussed must match the Scope of Appointment (SOA).  
   This will write to the keywords section in CORE

7. **Identify Tier 1 (Medicare, Veteran, TIPS)**

8. **Identify Tier 2: Where the member heard about Humana**

9. **Identify the location where the application was completed and signed**

10. **Click Review and Sign**
Online Service Agreement

The Online Service Agreement MUST be read by or read to the member.

This states they understand everything is being completed electronically and that they agree to the terms and conditions.

The Online Service Agreement is required before signing EVERY application form. They may have to agree to this several times in a single appointment. For example, they would have to agree to it for the SOA, then for the Medicare application (Individual application), and a third time for the Member Authorization form.

**If the member does not agree to the Online Service Agreement you must complete a paper application.**

Once the agreement is completed you will be taken to the Review and Sign page for the application.
**QUICK GUIDE: Review and Sign**

1. Review the application for spelling errors and incorrect information. If an error is found click Return to Application at the bottom of the window and correct.

2. Read the PLEASE READ THIS IMPORTANT INFORMATION disclaimer.
   - The beneficiary could lose their employer or union health coverage if they join Humana
   - They must keep Medicare parts A & B
   - They can only be in one Medicare Advantage plan at a time
   - They must inform Humana of any prescription drug coverage they have now or enroll in in the future
   - Once enrolled they can only change plans during special times
   - If they move out of the plan area they must inform Humana
   - They have the right to appeal plan decisions about payment or services
   - Neither Medicare nor Humana will pay for services not contained in the Evidence of Coverage.

3. Read the Release of Information disclaimer
   - Humana may release information only as necessary for treatment, payment and health care operations.
   - May be released to Medicare who may release it for research and other purposes as long as Federal statutes are followed
   - People with limited income may qualify for extra help.

4. Enter your SOA information by selecting a source and entering the SOA ID

5. Click the radio button selecting the Client Sign Signature, once they have signed click the Capture Client Signature to Enroll Now Button. This will date the application.

6. If an authorized legal representative signed in place of the applicant, enter their name, address, phone and relation to applicant.

7. Identify whether they will attend a New Member Orientation. If they answer No, a reason must be identified.
   - Reasons for not attending an NMO are: Not Interested, No Seminars Available in Location Selected, Member has already attended, Member Undecided and Other.

8. Explain that they must register with Humana.com to receive material electronically.

9. Select the information they wish to receive electronically.

10. Identify the materials used during the appointment. This demonstrates that a compliant presentation was completed.
    - NOTE: scroll down to select all that apply

11. Click Save and Close
ePad Signature Process

1. Agent completes application, clicks in “Client Sign” radial.

2. ePad signature page pops up. Agent needs to click the “Sign” button.

3. A disconnected IE window will open up. Agent first needs to allow blocked content then click the “Sign Now” button:

   - Process:
     1. Click on “Allow blocked content”.
     2. Signature pop-up window should open. If it does not, click "Sign Now" to open it.
     3. After signature is taken, click "OK" to return to MAPA. Then click the red "Capture" button. This will return you to the Review and Sign page in MAPA.
     4. When you return to the MAPA Review and Sign page you will see the signature populated in the signature box. Click on "Capture Client Signature"
4. Signature capture box will open. Agent will have client sign the ePad. Once signed, agent clicks “OK” to close the box.

5. IE window will automatically close. Agent must then click on “Capture” in the ePad signature page.

6. After clicking on Capture the signature will populate in the Client Sign box in MAPA.

7. Agent then clicks “Capture Client Signature to Enroll Now” to complete the signature process.
Common Errors that Pend an Application

Avoid these common errors that will pend an Application or cause it to be denied.

Entering a PO Box as the Physical Address
Yes, even with MAPA asking if this was done as a reminder not to do it, this still occurs. In fact it is one of the top reasons applications in MAPA pend.

Incorrect enrollment period or SEP
The use of ICEP for PDP members is another common error that pends both MAPA and paper applications.

Invalid Election Type Code for Market Receipt Date
Each Election Type Code has specific rules around when they can and can’t be used. Be sure to familiarize yourself with the more commonly used ones such as IEP, ICEP, SEP NON. It is also important to submit your applications timely to ensure proper Market Receipt Dates.

Misspelled name
The name must match how it is spelled on their Medicare Card. It is important when the review page is displayed that the name and address are checked.

DOB/Gender is invalid or missing (or missing first page of paper application)
The date of birth and gender must match what is on file with Medicare. The gender is noted on the Medicare card, and you should be sure to confirm the date of birth with the member. Confirm all pages make it through your faxes without overlapping pages.

Incorrect Medicare Claim Number
Do NOT copy and paste the Medicare Claim Number into the second verification field. MAPA requires the Medicare Claim Number to be entered twice to ensure typing errors were not made.

Invalid Group/BSN on paper applications
This is a common error on paper applications. Thankfully MAPA ensures this does not happen on an electronic application.

Missing Signature or missing last page on paper applications
The signature is important. Confirm all pages make it through your faxes without overlapping pages.
QUICK GUIDE: Personal Health Information (PHI) Form

1. Select Personal Health Information (PHI) after successfully saving Individual Application

2. Explain the Purpose of the form.

   The Client Information should be brought in from the Individual Application the form is created from.

3. Select either Full Disclosure or Limited Disclosure. If Limited Disclosure is selected they will need to identify what is included.

   If Limited Disclosure is selected with Other checked, specific instructions can be entered into the text box. This is where details such as date range or specific products can be identified.

4. Complete the Caregiver Details section.
   - Either the First and Last name of the Caregiver or an Organization name must be provided.
   - Additional Caregiver Details that are required include: Zip, State, County, Date of Birth, Address, City, Phone, Phone Number Type and Relationship.
   - Date of Birth is not required for an Organization, but the Relationship must be identified as Organization.

5. Click Review and Sign, complete the Online Service Agreement.

6. Review the form and read or explain the Personal Health Information (PHI) disclaimer.

7. Before signing, a Signature Type must be identified. If it is the applicant signing the form CareGiverMember should be selected. If it is someone with the Power of Attorney (POA) then Legal Representative should be selected.

8. Click Save and Close.
QUICK GUIDE: Humana Pharmacy and Member Authorization

9. Select Humana Pharmacy MAF after successfully saving Individual Application
   It is recommended that you select RAF (Humana Pharmacy MAF) so the individual application information
   needed for the Humana Pharmacy MAF will be transferred and auto-filled, including the application ID.

10. Read or explain the Humana Pharmacy MAF disclaimer.

11. Select the Disposition from the drop down menu. All other information will have been
    brought in from the Individual application.

12. Click Review and Sign, complete the Online Service Agreement. The member only has to sign the RAF (Humana Pharmacy MAF) if the Humana Pharmacy MAF Complete disposition is selected.

13. Click Save and Close.

After completing the Humana Pharmacy, copy that application to complete the Member Authorization

14. Select the Humana Pharmacy MAF from the application list

15. Click Member Authorization from the Application Type section

16. Click Copy App

17. Read or explain the Member Authorization disclaimer

18. Select any non-health related products they wish to discuss at a later time.

19. Select all Advocacy & Volunteer information they would like to receive

20. Select any future product information they would like to receive

21. Click Review and Sign, complete the Online Service Agreement and have the member sign the application.

22. Click Save and Close.
Uploading

To upload completed applications first click Connect to Humana then click Upload from the MAPA Workbench.

**You must upload completed applications every day**

**Remember The UFO Model**

- UPLOAD – Every Night
- FAX – Same Day or Next Day
- OVERNIGHT – When All Else
Sometimes you will be working with a client and need to complete another application for a related family member or the member may be purchasing more than one type of insurance for themselves. It would be easier to open the second application with all of the pertinent information already filled out to avoid duplicate work. This can be done using the Copy App and Clone App features. But it is important to know the difference between the two:

Copy App – use for the Same Person, Different Product
(example: John Smith is getting both a Med. Sup and PDP plan)

Clone App – use with a family member (Different Person at the same address)
(example: husband and wife both getting individual Medicare plans)

Copied Application contains ALL demographic information from the first application including name, date of birth, and medicare claim number. A copied application contains all of the personal identifying information (PHI) that would not be shared with another person.

The Cloned Application copies over the last name, address and telephone number, but no personal identifying information as in the copied application. A cloned application only clones the information two family members might share if living at the same address.

You can make any additions or changes to the applications and process it the same way as you would for all applications.
To Copy or Clone an application:
1. Click on the completed application to copy or clone in the Application list; this will highlight the application in blue indicating that it has been selected.
2. Select the Application Type to be copied or cloned TO
3. Click the appropriate Copy App or Clone App button
Delete an Application

You can only delete incomplete or unsigned applications. Once a member has signed the application it is a legal document that must be submitted.

**You cannot delete a signed application!**

To delete an incomplete or unsigned application, select (click on to highlight) the application in the Application List at the bottom of the MAPA Workbench and click Delete App.

A message will open asking you to confirm that you are sure you want to delete the application. Click Yes.

Finally a message will open confirming that the application has been deleted. Click OK.
Cancel an Application

Once an application is signed it can be cancelled but note that it will still upload.

An application can be CANCELLED at any time BEFORE it is uploaded. Once it is uploaded the member must call customer support to cancel the enrollment. As the agent, once an application is uploaded there is nothing you can do to retrieve or cancel an application. Do NOT call ASU or CSS to retrieve or cancel an application after it has already been uploaded.

A cancelled application will be marked as MAPA Cancelled in the Status. Enrollment won’t process a MAPA Cancelled application.

Reasons to cancel includes the potential member changed their mind and either no longer wants to enroll or they wants a different plan.

To CANCEL an application:

1. Select the Completed application in the Application list at the bottom of the MAPA workbench.
2. Click Cancel App button
3. MAPA will confirm you with to Cancel the application. Click Yes.
4. A message will confirm that the application has been deleted. Click OK.

The status will change to MAPA Cancelled.

All Cancelled applications must still be uploaded.
Member Receipt

All of the information you need to complete the member receipt is on the application.

To quickly view application information for completing the receipt, simply double click on the application in the application list at the bottom of the MAPA Workbench. This will open in summary window.

NEVER add PHI (Personal Health Information, e.g. SSN, DOB) to a receipt.

The Application ID number can quickly be found by double clicking on the application at the bottom of the MAPA Workbench.

The Proposed Effective Date can be found at the bottom of the Determine Eligibility tab in the Individual Application.

The Primary Care Physician (PCP) can be found at the bottom of the Plan Specific tab in the Individual Application.

The Plan name and Medicare plan Contract PBP is found at the top of the Demographic tab with the selected plan in the Individual Application. This MUST match what is on the Summary of Benefits presented.

The GR and BN are found on the Agent Only tab in the Individual Application.
Troubleshooting

Time Out

There are two forms of timing out: 1. Your connection to Humana may time out and 2. You’ve been inactive in the MAPA application.

Connection to Humana

You only have to be connected to Humana during downloading (morning), uploading (evening) or troubleshooting.

After 15 minutes, you will be disconnected from Humana.

This does not prevent you from completing applications!

When you get the Your session has timed out message, you will need to reconnect to Humana using your Agent Portal username and password.

Inactive

When not directly using the MAPA application you should close the application to protect all member information and application stored.

But it you leave the application running while not in use, the application will lock due to inactivity after 15 minutes.

This screen will fill the entire computer screen and nothing can be done in MAPA until you log back in.
When you receive the Application Locked due to inactivity screen, you will need to log in using the Application username and password. The same one you use when you open the program.

If you do find your way back to the MAPA screen, MAPA will just ding with every key and mouse stroke to inform you that something is wrong. Check the task manager bar at the bottom of the screen if MAPA stops responding to check for the locked message.

**NOTE:** In the taskbar at the bottom of the screen you will see that the MAPA icon has two windows indicated.
Agent Info > Please Read

If you experience any issues with the MAPA application not opening properly, or receiving an error message regarding the ePad driver registry, then you may need to install or reinstall the ePad drivers in order for MAPA to operate correctly, even if you are not using an ePad.

The instructions and links are found under Agent Options in Please Read.

Troubleshoot MAPA

There may be times with agents cannot perform various operations through MAPA, such as Upload or Download applications. The Troubleshoot option in MAPA will resolve such issues. It will also fix missing database objects.

Troubleshoot will not erase any data from the agent’s machine.

The following are issues that indicate the use of Troubleshoot:

- Unable to Sync or Download
- Unable to upload applications
- Applications upload issues/errors
- Agent has certification and is unable to see the plans
- MAPA fails to load an application

There are two ways to run the troubleshooting program for MAPA. The first is from within MAPA; and this will NOT require you to recreate your username and change your password. The second is from the start menu, this WILL require you to recreate your username and change your password. With that in mind it is recommended that you run the internal troubleshoot first to attempt to resolve issues.

Troubleshoot from MAPA Workbench

Running the troubleshoot program inside of MAPA Workbench will not require you to re-enter your username or change your password.

To run the troubleshoot from within MAPA click the Agent Options link and select Troubleshoot
You will be asked if you want to continue with the Troubleshoot, click Yes.

Troubleshooting may take several minutes, please be patient during this process.

When Troubleshoot complete, connect to Humana, Synchronize and Download again.
Troubleshoot from Start Menu

Running the MAPA Troubleshoot from the start menu will require you to enter you username and create a new password.

Before running the TroubleShoot from the Start menu make sure MAPA is not running.

Go to Start > All Programs > Humana > MAPA > TroubleShoot

Troubleshooting my take several minutes, please be patient during this process.

After troubleshooting MAPA:

1. Open MAPA
2. Create a new UserID and Password for the MAPA application
3. Reopen MAPA and log in
4. Connect to Humana and Synchronize and Download
**QUICK GUIDE: Medical Supplement Quick Quote & Eligibility**

1. Enter the Zip Code and County.
   - **Zip Code:** [Input Field]
   - **County:** [Input Field]

2. Enter the Medical Insurance (Part B) date, Effective Date, Date of Birth, and Gender. The effective date is usually the first of the following month. The effective date can be changed (up to 3 months out); except in WV which only allows enrollment the month prior to the effective date.
   - **Hospital Insurance (Part A):** [Input Field]
   - **Medical Insurance (Part B):** [Input Field]
   - **Date of Birth:** [Input Field]
   - **Gender:** [Radio Buttons]

3. Select the plan they wish to purchase from the drop down menu of Available Plans. If electronic applications have not been approved in your state you will not have any plans available in the drop down menu.

4. Click the Quick Quote button.

5. The Quick Quote is based on the zip code, gender and age entered. It is NOT guaranteed. Click OK to close the Quick Quote pop-up.

6. Answer all of the questions. Questions that are greyed out do not need to be answered. As questions are answered, other questions may be activated or deactivated based on the answers.

7. Enter BMI information BMI will automatically be calculated.
   - **Height (ft):** [Input Field]
   - **Height (in):** [Input Field]
   - **Weight (lbs):** [Input Field]
   - **BMI:** [Input Field]

8. Note any prescriptions taken in the last 12 months. If no prescription medications have been taken in the last 12 months enter NONE.

9. If they qualify for the Household Discount disclosed on their Outline of Coverage, you must provide the name and Medicare claim number of the individual living at their current address. NOTE: This must be different than the applicant.

10. Identify payment method.

11. Click Calculate.
**QUICK GUIDE: Medical Supplement Application**

**Demographics Tab**
- Enter Name (must be as it appears on their Medicare Card)
- Optional: Social Security Number, if provided it must be entered twice for validation. DO NOT COPY AND PASTE.
- Enter Permanent Address
- Enter Mailing Address if different from the Permanent Address.
  If the Mailing Address is the same as the Permanent Address leave it BLANK
- Optional: Enter email address and emergency contact

**Medicare Card Tab**
- Most of the Medicare Card tab will be pre-populated from previous pages.
- Ensure the Medicare Claim Number matches their Medicare Card. If required to enter it, enter it twice for validation. DO NOT COPY AND PASTE.
- Enter Phone number

**Other Coverage Tab**
- This will be pre-populated from the Rate Calculator page.
  NOTE: It is necessary to review this information with the beneficiary

**Medical Questions Tab**
- This will be pre-populated from the Rate Calculator page.
  NOTE: It is necessary to review this information with the beneficiary
- If your answer to “Are you enrolling during Open Enrollment Period?” was YES, this tab will not open.

**Payment Tab**
- Enter Initial payment amount ONLY if paying more than the first monthly premium.
- Complete the payment information for the Initial payment
- Complete the Future Payment information. Future Payment option can be different from the initial payment.

**Agent Only Tab**
- Select Affinity Partner. If no Affinity Partner is used, select NONE
  Some affinity partners like WalMart, Walgreens or Humana Guidance Centers require an Affinity Partner
  Location ID. Click Search StoreID if you need to find this number for your location.
- Enter Referring Broker if applicable—only used if this was a broker referral, must be added before app is signed.
- List all health insurance policies sold to the applicant which are still in force and all health insurance policies sold
to the applicant within the past five years which are no longer in force. If none or not applicable, write NONE.
- Identify the Source: Agent, Business, Campaign or Contact.
- Identify Veteran’s Status (None/blank, Self, Spouse, Spouse)
- Complete dispositions 1, 2 and 3.
  Not all Disposition 2 require a Disposition 3. If there is not one available, it will say Data Not Available.
- Identify products discussed. The products discussed must match the Scope of Appointment (SOA).
- Identify Tier 1 (Medicare, Veteran, TIPS)
- Identify Tier 2: Where the member heard about Humana
- Identify the location where the application was completed and signed

Click **Review and Sign.**
# QUICK GUIDE: Group Application

## Demographics Tab
- Enter the **Zip Code, County** and the beneficiary’s **DOB**.
- **Select the Employer or Union Name** (If no group is available, go back to the MAPA Workbench and **DOWNLOAD**).
- **Using the drop down in Available Plans** – this will activate the **Category of Enrollee**.
- Use the drop down to select the correct **Category of Enrollee**.
- **Enter Name** (must be as it appears on their Medicare Card).
- **Enter Permanent Address**. This must be a physical address; it cannot be a PO box.
- **Enter Mailing Address** if different from the Permanent Address; if the same simply check the box.
- Optional: Enter email address and emergency contact.

## Medicare Card Tab
- Share the disclaimer that the information must be exactly as it appears on their Medicare card.
- **Enter and re-enter their Medicare Claim Number** for validation. **DO NOT COPY AND PASTE**.
- Enter **Sex, Hospital (Part A)** and **Medical (Part B)** as they appear on their Medicare card.
- **Identify the Language of Preference**.
- Share Customer Care Information.
- Complete the Medicaid information; Identify Yes or No; If Yes, enter the necessary information.
- Complete the Nursing Home information; Identify Yes or No; If Yes, enter the Nursing Home information.

## Plan Specific Tab
- Answer the question: Will you have other medical health coverage? Identify Yes or No; If Yes, enter the necessary information.
- **Answer question**: Once enrolled will you or your spouse work? Identify Yes or No.
- Answer the question: Do you have End-Stage Renal Disease? Identify Yes or No.
- **Clarify End Stage Renal Disease** by reading the disclaimer.
- **Answer question**: Will you have other prescription drug coverage in addition to CarePlus Health Plan, Inc.? Identify Yes or No; If Yes, enter the necessary information.

## Payment Tab
- **Explain Payment disclaimer**.
- Identify and complete the information for the payment option.
- Explain the specific payment disclaimer for the option selected. **NOTE**: each option has a unique disclaimer. MAPA will display the appropriate disclaimer for the option selected.

## Agent Only Tab
- Select NONE as the Affinity Partner from the drop down menu.
- Identify Presenter: No Presenter, Humana Presenter, or Non-Humana Presenter.
- Identify the Source, Veteran’s Status (None/blank, Self, Spouse, Spouse).
- Complete dispositions 1, 2 and 3. Not all Disposition 2 require a Disposition 3.
- **Identify Tier 1 (Medicare, Veteran, TIPS)** and Identify Tier 2: Where the member heard about Humana.
- Identify the location where the application was completed and signed.
- **Click Review and Sign**, complete the Online Service Agreement and have the member sign the application.
QUICK GUIDE: AEF – Abbreviated Enrollment Form

1. Enter the current Zip Code, County and Plan.
2. Enter the new Zip Code, County and Plan they wish to change to
3. Make sure to discuss the OSB disclaimer and check any that they wish to continue (if applicable)
4. Enter the Name as it appears on the Medicare card.
5. Enter Residential Address. This must be a physical address, it cannot be a PO Box.
6. Enter Mailing address if different from their Residential Address.
7. (Optional) enter Email address
8. Enter DOB and Language Preference.
9. Enter member’s current Humana ID number found on their Humana ID card
10. Enter and re-enter their Medicare Number.
    DO NOT COPY AND PASTE!
11. Enter a Primary Care Physician. This is required for any HMO or PPO plans, It is optional (but suggested) for PFFS plans.
12. Explain Payment disclaimer:
13. Identify and complete the information for the payment option
14. Explain the specific payment disclaimer for the option selected.
15. Select Affinity Partner
    If no Affinity Partner is used, select NONE
    Some affinity partners like WalMart, Walgreens or Humana Guidance Centers require an Affinity Partner Location ID.
    Click Search StoreID if you need to find this number for your location.
16. Identify Referring Agent information if any.
17. Identify the Source: Agent, Business, Campaign or Contact.
18. Identify Veteran’s Status (None/blank, Self, Spouse, Spouse)
19. Complete dispositions 1, 2 and 3
20. Identify products discussed. The products discussed must match the SOA.
21. Identify Tier 1 (Medicare, Veteran, TIPS)
22. Identify Tier 2: Where the member heard about Humana
23. Identify the location where the application was completed and signed
24. Click Review and Sign, complete the Online Service Agreement and have the member sign the application.

Review and Sign
### QUICK GUIDE: OSB – Optional Supplemental Benefit

1. Enter the current Zip Code, County and their Current Humana Medicare Advantage Plan.
2. Enter the Medicare Advantage Effective Date
3. Enter the OSB Proposed Effective Date
4. Make sure to discuss the OSB disclaimer and check any in which that they wish to enroll
5. Enter the Name as it appears on the Medicare card.
6. Enter Residential Address. This must be a physical address; it cannot be a PO Box.
7. Enter Phone number
8. Identify Sex as it is listed on their Medicare card
9. Enter member’s current Humana ID number found on their Humana ID card
10. Enter and re-enter their Medicare Number. This is required for validation. DO NOT COPY AND PASTE!
11. (Optional) enter Email address
12. Enter Mailing address if different from their Residential Address.
13. Enter Hospital Part A and Medical Part B dates as listed on their Medicare card.
14. The Total Premium will reflect the summed total of the plan and the riders.
   You must have the same payment option for both the Humana plan and the rider (OSB).
   The amount shown will NOT reflect any penalty or assistance the member will receive.
15. Explain Payment disclaimer:
16. Identify and complete the information for the payment option
17. Explain the specific payment disclaimer for the option selected.
18. Select Affinity Partner
   If no Affinity Partner is used, select NONE
   Some affinity partners like WalMart, Walgreens or Humana Guidance Centers require an Affinity Partner Location ID.
   Click Search StoreID if you need to find this number for your location.
19. Identify Referring Agent information if any.
20. Identify the Source (Agent, Business, Campaign or Contact).
21. Identify Veteran’s Status (None/blank, Self, Spouse, Spouse)
22. Disposition 1 must be **Sold – OSB**
23. Select Disposition 2 from the drop down menu
24. Identify products discussed. The products discussed must match the SOA.
25. Identify Tier 1 (Medicare, Veteran, TIPS)
26. Identify Tier 2: Where the member heard about Humana
27. Identify the location where the application was completed and signed
28. Click Review and Sign, complete the Online Service Agreement and have the member sign the application.

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### QUICK GUIDE: Free Standing Benefits

#### Demographics Tab

Enter the Zip Code and County. These determine the available plans.

Optional: Social Security Number, if provided it must be entered twice for validation. DO NOT COPY AND PASTE.

The member must agree to the terms: By enrolling in this plan you are agreeing to a one-year minimum contract with HumanaOne. You will not be allowed to cancel this plan until one year from your selected effective date.

Enter their Name.

Enter their Permanent Address. A PO Box can be used as a Permanent address for FSB.

Enter a Home Phone. The Home Phone is **required**. The Daytime Phone is optional.

Optional: Humana Medicare Member ID/HCN, but if provided it must be entered twice for validation.

The Dental Facility Number is required for DHMO plans only.

Optional: Enter email address and emergency contact

#### Dependents Tab

To add dependents, begin by clicking the link Add Dependents

Select Type: Spouse or Child

Their Humana Medicare Member ID/HCN is **optional**, but if provided it must be entered twice for validation.

Enter their Date of Birth, Name, Address, Phone and Gender.

Their Social Security Number is **optional** (not required), but if provided it must be entered twice for validation.

#### Payment Tab

If the payor is the primary insured, check the box and the name, address and phone will pre-fill.

The Name, Address and Phone of the person paying for the plan (Payor) is required. This may be different from the primary insured.

Select payment options: Annual Payment or Monthly Payment

If the Payor is different from the primary insured, the Alternate Payor will have to sign the application.

Identify the Initial Premium. The Initial Premium only has two options: Credit Card or Electronic Funds Transfer

Complete the Subsequent Payment information. Subsequent Premium Payments may be the same as the Initial Payment, but it can be different. There are three (3) choices for subsequent payments.

#### Agent Only Tab

The writing agent’s information will pre-fill.

Affinity Partner, campaign and Affinity TID will pre-fill if the contact was downloaded.

Select Affinity Partner. If no Affinity Partner is used, select **NONE**

Identify the Source: Agent, Business, Campaign or Contact.

Identify Veteran’s Status (None/blank, Self, Spouse, Spouse)

Complete dispositions. Disposition 1 should be **Sold - FSB**.

The proposed Effective Date is pre-filled and cannot be changed on the Agent Only tab.

Identify products discussed.

Identify Tier 1 (Medicare, Veteran, TIPS), and Identify Tier 2: Where the member heard about Humana

Identify the location where the application was completed and signed

Click Review and Sign, complete the Online Service Agreement and have the member sign the application.